

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEW JERSEY

In re: JOSE TOBAR-VALLE

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§

Case No. 23-15001

Debtor(s)

☐ Jointly Administered

Post-confirmation Report

Chapter 11

Quarter Ending Date: 12/31/2024

Petition Date: 06/08/2023

Plan Confirmed Date: 10/10/2024

Plan Effective Date: 11/25/2024

This Post-confirmation Report relates to: ☒ Reorganized Debtor

☐ Other Authorized Party or Entity:

Name of Authorized Party or Entity

/s/ Vanessa Tobar

Signature of Responsible Party

01/14/2025

Date

Vanessa Tobar

Printed Name of Responsible Party

77 Hoover Avenue, Bloomfield, NJ 07003

Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Debtor's Name JOSE TOBAR-VALLE

Case No. 23-15001

Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$362,165	\$362,165
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$336,732	\$336,732
d. Total transferred (a+b+c)	\$698,897	\$698,897

Part 2: Preconfirmation Professional Fees and Expenses

a.			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative	
	Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor <i>Aggregate Total</i>			\$54,359	\$0	\$32,490	
	<i>Itemized Breakdown by Firm</i>						
		Firm Name	Role				
	i	Forman Holt	Lead Counsel		\$54,359	\$0	\$32,490
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Case No. 23-15001

UST Form 11-PCR (12/01/2021)

b.			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative	
	Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor		\$0	\$30,750	\$0	\$30,750	
	Aggregate Total						
	Itemized Breakdown by Firm						
		Firm Name	Role				
	i	Realty Empire LLC	Other	\$0	\$30,750	\$0	\$30,750
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Debtor's Name JOSE TOBAR-VALLE

Case No. 23-15001

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Debtor's Name JOSE TOBAR-VALLE

Case No. 23-15001

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Debtor's Name JOSE TOBAR-VALLE

Case No. 23-15001

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c.	All professional fees and expenses (debtor & committees)			\$0			

Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$0	\$0	\$0	\$0	0%
b. Secured claims	\$1,393,924	\$339,820	\$605,240	\$1,393,924	43%
c. Priority claims	\$14,436	\$14,436	\$14,436	\$14,436	100%
d. General unsecured claims	\$2,750,887	\$0	\$0	\$2,750,887	0%
e. Equity interests	\$0	\$0	\$0		

Part 4: Questionnaire

- a. Is this a final report? Yes ☐ No ☒
- If yes, give date Final Decree was entered: _____
- If no, give date when the application for Final Decree is anticipated: _____
- b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes ☒ No ☐

Debtor's Name JOSE TOBAR-VALLE

Case No. 23-15001

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

/s/ Vanessa Tobar

Signature of Responsible Party

Disbursing Agent

Title

Vanessa Tobar

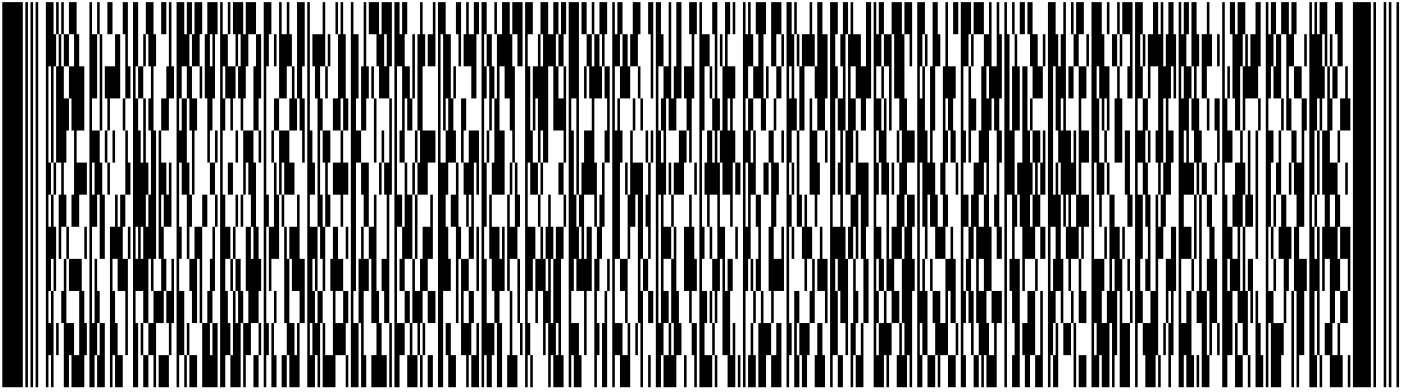
Printed Name of Responsible Party

01/14/2025

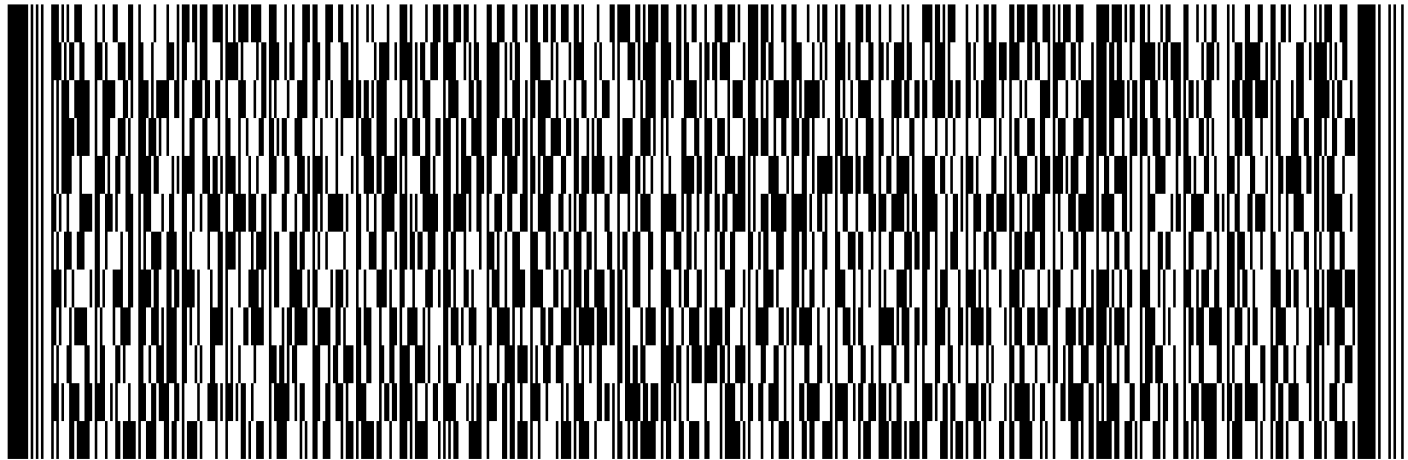
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Debtor's Name JOSE TOBAR-VALLE

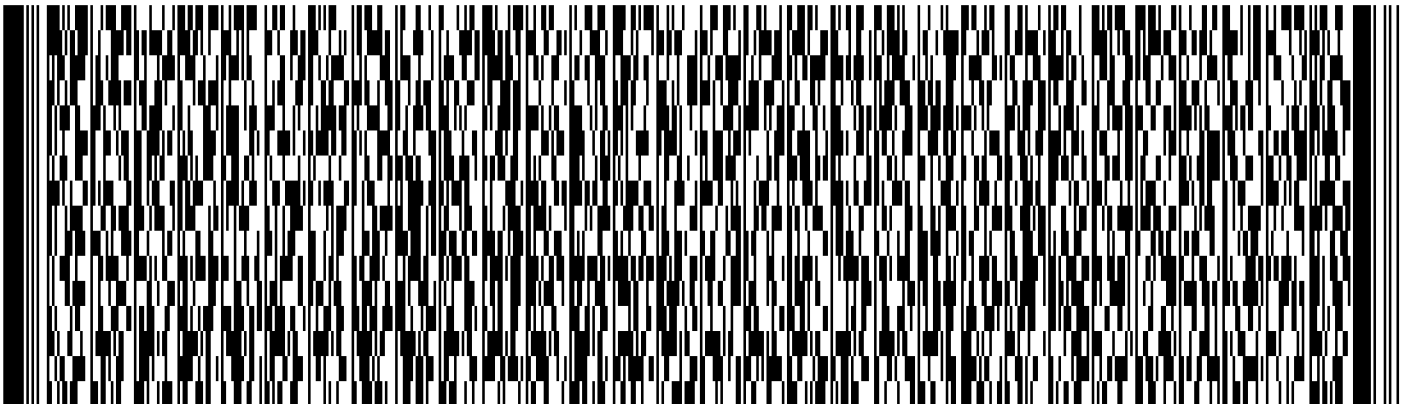
Case No. 23-15001



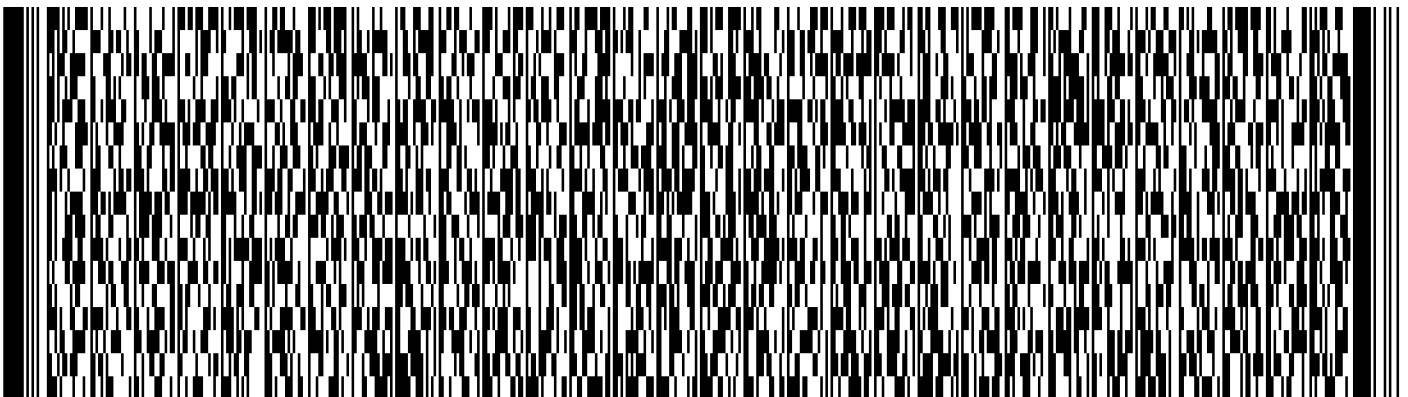
Page 1



Other Page 1



Page 2 Minus Tables



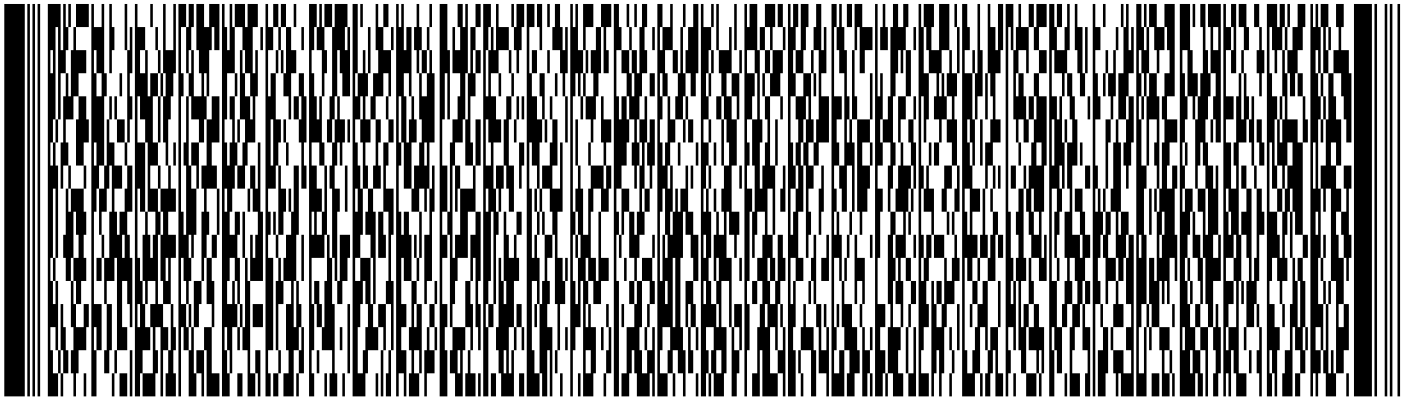
Bankruptcy Table 1-50

Debtor's Name JOSE TOBAR-VALLE

Case No. 23-15001



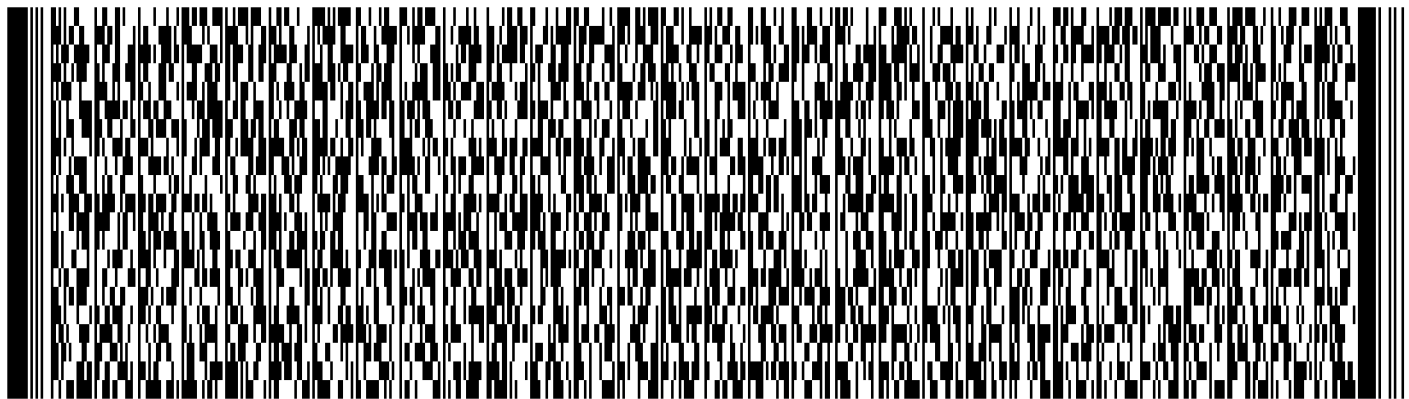
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



Part 3, Part 4, Last Page